

Bolivian Health System Strengthening Program

FORTALESSA UNICEF



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For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY



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ACRONYMS

AEIPI	Integrated Care to Childhood Prevalent Diseases
ALS	Health Local Agents
AO	Assistant Objective
ASIS	Health Situation Analysis Rooms
AWP	Annual Work Plan
CAI	Information Analysis Committees
CDC	Competencies Development Center
CCMC	Continuous Quality Improvement Cycles
CONE	Obstetric and Neonatal Care
CLS	Social Council in Health
CSM	Municipal Social Council
DELIVER	Drugs Logistic and inputs project
DILOS	Local Directory of Salud
HACT	Harmonized Cash Transfers
HCI	Health Care Improvement
HCP	Healthy Community Project
HPME	Bleeding on the First Half of Pregnancy
HR	Human Resources
FIM	Institutional Municipal Pharmacies
FORTALESSA	Program to Strengthen the Bolivian Health System
FOREDES	Program to Strengthen Health Networks (Belgian Technical cooperation)
FP	Family Planning
MCHIP	Maternal and Child Health Integrated Program
NNAC	National Standards of Clinical Care
OR	Operating Rules
PAI	Expanded Program of Immunization
PAHO	Pan-American Health Organization
SAFCI	Intercultural, Community and Family Health
SALMI	System of Administration and Logistic of Medicaments
SEDES	Departmental Health Service
SIAL	System of Information, Administration and Logistic
SIGMA	Administrative Integrated System of Management and Modernization
SNIS	National Health Information System
SNUS	National Unique Supplies Systems
SSR	Sexual and Reproductive Health
SUS	Unified Health System
TB	Tuberculosis
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VIPFE	Public Inverting and Foreign Funds Vice-Ministry
WHO	World Health Organization

Section I. SUMMARY

The first annual report of FORTALESSA UNICEF's Project covers the period from October 2011 to September 2012. FORTALESSA UNICEF's Project implemented its action strategies in close coordination with other partners and counterparts (MSD, SEDES, NETWORKS and Municipalities), respecting institutional authority and leadership. FORTALESSA UNICEF's Project is unfolding in the departments of La Paz and Chuquisaca, within the scope of 2 Departmental Health Services (SEDES), 13 Health Networks (NETWORKS) and 57 municipalities, and in coordination with different Units of Bolivia's Ministry of Health and Sports. Despite of counterparts' operating limitations, the implementation of activities was effective and successful in terms of the strengthening of SUS-SAFCI's subsystems and service quality.

In order to have an effect on the wellbeing of Bolivian population and to reduce access inequalities and health care inequalities, FORTALESSA UNICEF will contribute to the achievement of the following results:

1. Strengthening of operation systems and participatory management at all levels of the SUS SAFCI.
2. Increased access to and improved quality of intercultural health care.
3. Underserved rural population empowered to seek/obtain culturally appropriate health care.

During its first year, the project achieved a number of goals. Next we provide a list of the main goals achieved by topic:

- SAFCI policy's framework disseminated in a participatory manner among 90% of health staff and different social organizations.
- Management capacities of public institutions strengthened through the operationalization of the following processes/subsystems: a) Supervision and Monitoring (48 multi-programatic supervisions at Network and health facilities' levels), b) Administrative and Financial (Internal Operative Procedures were developed for each institution); c) Planning (AWPs 2012 and 2013 developed in participative manner) and; d) implementation of Continuous Quality Improvement Cycle.
- Management for results processes implemented (ASIS rooms, Information Analysis Committee) at each level of the health system, enabling the evaluation of morbimortality maternal and infant health indicators and the development of action plans.
- The capacities and competencies of health system's staff, health providers and community representatives have been improved on matters related to infant health, maternal health, neonatal health, sexual and reproductive health and tuberculosis, through the use of an innovative methodology (i.e. interactive CDs) and respecting the national regulatory framework (continuous quality improvement cycle).
- SEDES, Network managements and health establishments equipped with medical, technical and office supplies.
- The organization of Functional Health Networks strengthened in the two departments through planning and training processes for health care staff and the operationalization of a reference and counter-reference system.
- In close collaboration with HCI, continuous quality improvement cycles for tuberculosis

were disseminated among health providers of the two departments.

- Impulse of certification processes for health care facilities through the standardization of indicators and evaluation planning (i.e. auto-evaluation), which enabled 30% of health care establishments complying with SAFCI's standards.
- In mainstream fashion, a participatory approach to analysis and decision-making processes in the health system has been incorporated, strengthening the commitment of community and social institutions.

In collaboration with PAHO, UNICEF worked within the framework of IR1 on the strengthening of the MSD's leadership and authority capacities, through the standardization and socialization of national policies within SUS-SAFCI's framework.

In collaboration with HCP, UNICEF supported the strengthening of municipal and community structures focused on participative approach.

In collaboration with MCHIP, UNICEF promoted the dissemination of national standards and trained health providers on matters related to maternal and neonatal care through the implementation of Continuous Quality Improvement Cycles.

In collaboration with HCI, UNICEF promoted the dissemination of national regulations and trained the health providers' networks on tuberculosis through the implementation of Continuous Quality Improvement Cycles.

During this first year, UNICEF developed actions aimed at improving and establishing interinstitutional coordination to guarantee the efficient implementation of its own activities, as well as those of other partners of the FORTALESSA Program. During 2013, UNICEF will continue applying this strategy and will work in depth in actions that favor quality health care services and increase the access of newborns and children less than five.

Section II. INTRODUCTION

The first annual report of FORTALESSA UNICEF's Project covers the period between October 2011 and September 2012. This report's discuss the implementation phase of the Project's strategies (Launching Phase), the progress toward achieving its objectives, the analysis of indicators, lessons learned and expected challenges in the year ahead.

Following his own public policy strategies, Advocacy and Rights Alliance for Children, UNICEF is dedicating to promote new forms of social participation and effectiveness of human rights for the construction of an intercultural society based on gender and generational equity. Through close coordination between ministries, public institutions, social organizations and citizens Bolivianos community, UNICEF plead for:

- Prioritize children in national and local development programs such as Zero Malnutrition, Social Protection Network, Communities in Action, Solidarity and Reciprocity;
- Increase the country's capacity to oversee and monitor the situation of children at national and decentralized level;
- Mobilize public opinion and decision makers, including children and adolescents, to a national consensus about children priority and observance of the rights of the Child in Bolivia.

With technical assistance, training and development of tools, UNICEF supports the consolidation of intersectoral teams for children public policy management, in their roles of planning coordination, monitoring and evaluation of activities for children, with the participation of the authorities, social services, civil society and other institutions that support development.

Nationally, UNICEF supports the definition of competencies and resources dedicated to children in a way to be incorporated into sectorial and decentralization policies. In addition, through the Planning, Monitoring and Evaluation supports strengthen information systems at each level. Finally, UNICEF develops communication strategy for advocacy and social mobilization aim to incorporate children in local governance, municipal, departmental and national levels.

Within this framework, UNICEF developed an intersectoral program Survival, Health and Development of Children and Adolescents with priority focused on reducing maternal and neonatal mortality, improving health indicators for scholars and adolescents and reduced risk of STI / HIV-AIDS in adolescents, youth and their families. These three objectives have been developed with respect to the lines of the National Development Plan Sectoral model of health, family, community and intercultural and Universal Health Insurance.

In light of its own development strategies for children, UNICEF develops UNICEF FORTALESSA project to contribute to the wellbeing of the Bolivian population in prioritized departments and reduce health inequities. Within program FORTALESSA-USAID-Ministry of Health and Sports framework, UNICEF FORTALESSA works to achieve three intermediate results:

- **Intermediate Result I:** Strengthening of operating systems and participative management

at all levels of the SUS SAFCI following these strategic lines: a) governance, leadership and intersectorality; b) participative planning and management of health services; c) access to medical supplies, vaccines and essential technologies; d) health and administrative system's financing and; e) human resources.

- **Intermediate Result II:** Increased access to and improved quality of intercultural health care. The following are FORTALESSA UNICEF's strategic lines for this result: a) Capacity development; b) organization of health NETWORKS; c) complete and comprehensive package of SAFCI's essential interventions and services; d) comprehensive care; e) research and innovation and; f) program to improve care quality.
- **Intermediate Result III:** Underserved rural population empowered to seek/obtain for culturally appropriate health care. FORTALESSA UNICEF's strategy was aimed at: a) strengthening the capacities of the MDS and SEDES to jointly manage national policies and to promote healthy behaviors; b) strengthening of social organizations and national and departmental levels to jointly manage national policies and to promote health behaviors; c) increase the knowledge of municipalities about the rights of citizens and municipal obligations that allow citizens the exercise of their rights.

The following chapter describes the project's implementation processes during its initial stage and working modalities for different institutions. In the chapter related to the progress of results, we describe those activities implemented and the status of the project's monitoring indicators. The analysis of indicators desegregates the main intervention results by topic; next, we provide information related to budget execution and a section about lessons learned which will enable us to plan ahead for the challenges of the 2013 period.

As annexes to this document, the Activities Logical Framework, a table describing the activities performed in collaboration with different partners, the Performance Data for 2012 and success stories are included.

Section III. LAUNCHING PHASE

The first year of FORTALESSA's implementation was an intense learning period, with a number of executing parties, about its institutional nature as well as its execution modes, making coordination a real challenge. In accordance to the cooperation program with the Government of Bolivia, UNICEF is involved to strengthening the State's public management institutional capacities. To develop the project's activities, UNICEF, in collaboration with its counterparts, must respect the Annual Work Plan and the Registration of Funds in SIGMA, enabling the monitoring of public investment in health and the leveraging of municipal governments' resources (cf Life story of key officials of the Health Ministry).

During launching phase, under the leadership of the General Planning Directorate of MSD and based on its experiences (technical assistance, policy level experience, knowledge of the field reality and strategic alliances); UNICEF was enabled programming with wide institutional stakeholder and community participation in a rights and performance management focus. It allowed operational programs to be aligned on national policies and strengthened the leadership of the Ministry of Health and Sports.

To achieve this, UNICEF assumed the following tasks:

- ✓ Harmonization of FORTALESSA Results Framework with Sectorial Development Plan's Results Framework.
- ✓ Organization of FORTALESSA's launching, allowing the MSD, the SEDES of La Paz and Chuquisaca and other partners such as HCI, MCHIP, DELIVER and HCP to know about the programs.
- ✓ Development of comprehensive programming tools, methodology and basic knowledge for Results Based Management.
- ✓ Calling of all local and community institutional actors involved in programming.
- ✓ Joint programming of all of FORTALESSA's implementing parties, PAHO, UNICEF, MCHIP, DELIVER and HCP, with counterparts, based on a programming offer previously agreed on during various coordination meetings with the regulatory level.
- ✓ Review of the project's indicators, report's responsibility, its development and analysis. These activities lasted until last June with a number of modifications, reflecting the complexity of having to respond to unique results framework, multiple implementing agents and many interrelations. UNICEF is responsible for reporting OP and PMP FORTALESSA indicators, reflecting its activities through the National Health Information System (SNIS).

In this stage, FORTALESSA's new geographical area is defined, adding to the seven Chuquisaca health networks, six La Paz health networks (initially there were 4 networks and two were added), the municipalities of Cochabamba and Santa Cruz and finally the Potosi networks were exchanged for the El Alto's Los Andes Network.

The programming's main characteristic was the wide participation of the three levels of public health sector management: MSD, SEDES and Networks, municipal governments and community representatives. Based on UNICEF's work experience, this modality is strategic to insure the sustainability of actions. Although during the work round tables all partners participated, UNICEF fully assumed the organization and coordination of this activity.

Based on programming, UNICEF made cash transfers to counterparts and provided technical assistance to the implementation of activities.

During the execution stage, the development of activities at central level and at level of SEDES of Chuquisaca and La Paz was varied, making evident a direct correlation with UNICEF previous working experience. In this purpose, at central level, the AWP was executed based on what had been planned, prioritizing activities considered as requirements to perform work at local level such as review workshops, updating and printing of regulatory documents. At this level, the minister, general directors of planning and promotion and the heads of technical units were replaced demanding additional coordination efforts.

In the department of Chuquisaca, UNICEF has been working for a number of years with the SEDES and the municipalities using the transfer of funds modality for the execution of actions programmed in the AWP. Given this fact, the SEDES of Chuquisaca, taking into account the approximate annual budget coming from UNICEF, registered anticipated funds (360,000Bs.) with the SIGMA on August 2011, and further defined the 2012 year's actions to be performed and budgets (October November 2011). This action enabled having the funds transferred by UNICEF, within the framework of the AWP 2012 in FORTALESSA UNICEF, executed without any problems while the registration of the total programmed amount was being processed. It is important to point out that at SEDES heads of planning and infant health unit were replaced demanding additional coordination efforts.

Conversely, the SEDES of La Paz was not able to pre-register any FORTALESSA UNICEF's funds for the 2012 term within the time scheduled for registration with SIGMA (August 2011), because there was no agreement signed between both institutions. Moreover, the SEDES Administrative Unit faced some difficulties registering funds with SIGMA because it had no previous record of the registration of funds from international cooperation entities to support health (care) in the SEDES of La Paz. The registration of USAID's FORTALESSA Program funds through the FORTALESSA UNICEF Project was a pilot experience which enabled the Governor's Office to become aware about this issue. This regularization will strengthen the SEDES of La Paz's administrative management instruments and the Governor's Office in relation to the handling of funds from the international cooperation.

This regularization process caused an important delay in the execution of FORTALESSA UNICEF's AWP of the SEDES of La Paz and UNICEF had to apply, exceptionally, the direct implementation modality, directly implementing some key activities at departmental level. As a result, recently began the execution of activities programmed at Network and municipality's level. It is important to point out that during this period three coordinators for FORTALESSA UNICEF in the SEDES of La Paz were appointed and the SEDES' director was replaced.

Section IV. ACTIVITIES AND RESULTS ACHIEVEMENT

IR I Participative management and operating systems strengthened at all levels of the health system

IR I.2 SEDES' capacity strengthened with respect to equity and efficiency planning, handling and distribution of human and financial resources to comprehensive programs.

To achieve this outcome, a set of activities within the areas of the SEDES, Network Coordinators and Municipal Health Networks were executed enabling the achievement of the following outputs:

P.1. The capacity of the SEDES of Chuquisaca and La Paz to socialize information on the SAFCI policy to health networks has improved through the following activities:

- SAFCI's Departmental Dissemination Plan was developed and included the training of health staff, departmental and municipal authorities and social organizations. This plan is under execution and up to this date, 21 workshops on SAFCI Policy have been held at the seven Networks with the participation of health staff and representatives of social organizations; 643 people were trained at the SEDES of Chuquisaca.
- As a complement, the National Meeting to Evaluate the Implementation of the SAFCI Policy contributed to the strengthening of the capacities of the SEDES because: a) the different perceptions about the implementation of the SAFCI Policy and the SUS were collected; b) each SEDES developed its Improvement Action Plan for the Implementation of the SAFCI Policy and; c) the actions of health networks were redirected from being focused on biomedical assistance to a focus based on promotion and interculturality.
- A process to strengthen management for results in the SEDES of Chuquisaca began with a workshop held on management for results, the basic functions of public health with a gender approach, rights and interculturality, using as reference the results frameworks of the FORTALESSA Project. Seventy staff members of the SEDES and Health Networks participated in this workshop.

➤ Indicator:

- *At the SEDES of Chuquisaca, 90% of health staff are familiar with the SAFCI Policy (60% male, 40% female)*

P.2 The SEDES of Chuquisaca and La Paz strengthened through the adaptation and development of the following subsystems: a) supervision and monitoring and b) administrative-financial, including the management of human resources through the following activities:

- Following national standards, the supervision methodology within the framework of a quality focus was reviewed; multi-programmatic supervision instruments were designed aimed at guaranteeing the application of the regulation in the health network taking into consideration local characteristics. These instruments were validated at all management levels. Furthermore, at the SEDES of La Paz, a computer supervision and monitoring program was developed to systematize the monitoring of IMCI Nut Clinic, and 24 technicians from

Network coordinators received training on its application. These supervision instruments were developed and agreed on through a number of workshops that included the participation of 88 health staff members of the SEDES of Chuquisaca (71) and La Paz (17).

➤ Indicators:

- *100% of the SEDES' technical staff; 100% of Network coordinators and 95% of municipal leaders trained on supervision in Chuquisaca.*
- *Three standardized supervision instruments available in the two departments: one for Network coordinators, one for municipal seats and one with a multi-programmatic focus for health establishments.*
- In order to strengthen the financial management of the SEDES, technical assistance provided for the development of Internal Operating Rules (OR) for the Use of Cooperation Funds HACT type for the MSD and the SEDES of Chuquisaca and La Paz. It will serve as reference for the implementation of funds from other cooperation sources. Furthermore, the SEDES of La Paz, with the participation of technicians and administrative staff, developed the Manual of Processes and Procedures for the SEDES' Financial Management.
- The SEDES' Administrative Unit was strengthened through the hiring of three professionals for the administrative area to provide support to accounting and financial processes during the implementation of the AWP's activities of the SEDES, with emphasis on actions supported by the FORTALESSA Project (2 professionals for the SEDES of La Paz and 1 professional for the SEDES of Chuquisaca).
- Support was provided to the development of a Manual of the Functions of the SEDES of Chuquisaca, to make operational the strategic alignments of the Health Sector Plan, with the participation of fifty SEDES' technicians. This manual will be put into use during the 2013 term and will contribute to the learning on the part of the SEDES staff of strategic alignments, objectives and functions of each unit and area. In La Paz, support was provided to the review of the proposal for the structural organization of the SEDES aligned to its strategic plan.

➤ Indicator:

- *There is an administrative-financial RO for each implementing institution.*
- *There is an instrument available to facilitate the application of specific regulations related to planning and the follow up and monitoring of administrative, financial and legal management, applied at the level of the SEDES of Chuquisaca.*

P.3. The SEDES have increased their capacities to analyze and use information for decision-making purposes through the following activities:

- At the SEDES of Chuquisaca, indicators related to Management Commitments and those established by the FORTALESSA Project, which are monitored during multi-programmatic supervisions that include quality information monitoring, were standardized.
- The Health Situation Analysis Rooms (ASIS) have been strengthened through the provision of equipment at the SEDES and Network coordinator level: PCs, image projectors and furniture. As a complement, a workshop on ASIS was held in Azurduy with the participation

of 18 staff members.

➤ Indicators:

- 100 % of providers know and handle management commitment indicators.
- 90 % of Network Coordinators have computer and audiovisual equipment, strengthening the ASIS room.

IRI.3 Networks' abilities strengthened to provide support to municipalities, CSM and DILOS to plan, budget and co-manage health services

A set of activities were executed to strengthen the abilities of networks to provide support to municipalities, CSM and DILOS, enabling the achievement of the following outputs:

P.1. The ability of Chuquisaca's seven health networks has been improved to guide the CSM and DILOS during the implementation of SAFCI Policy, its related activities and responsibilities through the following actions:

- Health networks, based on the contents established by the SEDES for the dissemination of the SAFCI, developed socialization actions in their activities with CMS, DILOS and the community in general.
- The inclusion of the health thematic in municipal organic charts was promoted through a workshop with the participation of 50 staff members and facilitators of the Vice-ministry of Autonomies.

➤ Indicators:

- 60 % of the members of CSM and DILOS of Chuquisaca trained on SAFCI Policy, 70% male and 30% female.
- 80 % of municipal leaders in Chuquisaca trained to include the health issue in municipal organic charts.

P.2. As a output of the following activities, health networks have improved their knowledge and abilities, related to information analysis and decision-making at municipal level:

- In Chuquisaca, 48 Information Analysis Committees (CAIs) were executed at SEDES, Network coordinators and municipal level with the participation of 1,816 staff members and representatives of civil society. These analysis enabled the implementation of action plans to improve service provision and the compliance with management commitments and program indicators.
- In La Paz, support was provided to the execution of six Network CAIs with the presence of health staff, a municipal representative and local authorities of the communities at each network seat. Health coverages were analyzed, in particular those related to women of reproductive age and children less than five years old.

➤ Indicators:

- 100 % of prioritized indicators were analyzed by the SEDES, Networks and municipalities for decision-making purposes and enabled the development of action plans.

- 100 % of the municipalities of Chuquisaca executed their corresponding CAIs, at municipal level, analyzing management commitments and with the corresponding social participation.

P.3. The following activities were executed to improve the capacity of the 13 Network coordinators on order to provide support to municipalities and the CSM in planning and budgeting processes:

- Based on the planning instruments agreed on with the SEDES and FORTALESSA's implementing partners, programming workshops for the 2012 and 2013 terms were held; the programming for 2012 included the wide participation of health staff, municipal authorities, community authorities and representatives of MCHIP, HCI, DELIVER, HCP and USAID.
- At the SEDES of La Paz, a training plan on planning and budgeting tools is under execution for technicians of Network Coordinators and SAFCI's Municipal Directorates.

➤ Indicators:

- 100 % of municipalities have a Program's AWP; 60% of the CSM participated in its development.
- 13 Network Coordinators trained on planning and budget allocation.

IRI.4 Improved capacities of the DILOS and the CSM to guarantee a fair, effective and efficient planning and management of health services

In conjunction with HCP, actions were developed with the DILOS and CSM to identify inequality access problems to health services and to propose corrective actions to be included in AOPs, in particular in the Networks of Camargo, Azurduy, Yamparaez and Monteagudo.

➤ Indicator:

- 27 representatives of CSM trained on planning and budget allocation.

IR II Increased access to and quality improved of intercultural health care

IRII.1 Improved technical coordination and authority of the MSD's technical programs within SUS-SAFCI's framework.

The provision of equipment to the General Planning and Promotion Directorates and Health Service Units (computer and communication material and office furniture) will enable the support given to the implementation of technical activities.

The following are the actions executed to reach the outputs of outcome IR II.1:

P.1. MSD's Health Services Directorate strengthened through the following actions its technical capacity for the updating, development and validation of regulatory guides and the innovation of its training methodologies:

- The following regulatory guides were developed and validated:

- National Standards of first care level.
 - National Standards of second care level.
 - Clinical Care National Standards.
 - Implementation Manual of Continuous Quality Improvement Cycles for Maternal and Child health.
 - Immediate Action Plan primers to reduce Maternal Mortality 2013 - 2015.
 - Infrastructure and Equipment Manual for first and second care level.
 - Implementation Manual of Maternal Home.
- Training methodologies were reviewed and as a result, the use of new information and communication technologies was introduced and the application of interactive CDs for auto-learning of AEIPI NUT Clinic and Neonatal began.
 - Support was provided to the execution of the National Training Workshop on National Standards related to Clinical Attention (NNAC and AEIPI Neonatal) with the participation of staff members of the nine SEDES and health staff of prioritized networks. It is important to point out that 77% of all participants developed NNAC's action plans.

➤ Indicator:

- *7 standards updated and validated.*

P.2. Through the execution of the following actions, support was provided to Health Service Units and Health Networks Units to regulate SAFCI's health networks for comprehensive and functional care of maternal and neonatal health:

- The national standards for the characterization of first and second level health care facilities was agreed on and validated with the participation of operating staff (Network Coordinators, doctors, nurses and nurse assistants).
- Within the framework of the Continuous Quality Improvement Cycles on maternal-infant health care, the Sixth National Learning Session took place with the participation of MSD's authorities (Minister, General Director of Health, Head of Health Services Unit; representatives of the nine SEDES' maternal-infant care, quality and services; professionals of the 27 hospitals applying short continuous quality improvement cycles and foreign cooperation UNICEF, MCHIP, FCI/CCH). During this session, corrective proposals were developed aimed at the MSD, SEDES and hospitals and experiences were exchanged and updated among participating hospitals.
- Furthermore, the National Monitoring and Evaluation of Continuous Quality Improvement Cycles Session related to Maternal, Neonatal and Infant Care Session was held, where the compliance with quality standards by the 27 participating hospitals was reviewed. MSD's authorities participated (Head of Health Services Unit; representatives of the nine SEDES' maternal-infant care, quality and services; professionals of the 27 hospitals applying short continuous quality improvement cycles).

➤ Indicators:

- *56 Health Services apply Continuous Quality Improvement Cycles to maternal-neonatal care in Chuquisaca.*

IRII.2 SEDES' capacities developed to improve the clinical and intercultural competencies of providers

The following outputs were achieved in order to reach outcome IR II.2:

P.1. As a result of the following actions, the abilities of the SEDES of Chuquisaca and La Paz have improved in relation to the dissemination and implementation of national standards and guides, including home visits by health staff and community:

- During the National Workshop on Basic Neonatal Resuscitation, 18 instructors were trained (two per Neonatal Resuscitation Committee) and the results of the nine Neonatal Resuscitation Committees were socialized, each Committee's work plan for 2012 was developed and the first level Training Plan was analyzed.
- During the execution of the training plan, seven workshops on basic neonatal resuscitation were given with the participation of 104 professionals (general doctors, pediatricians, licensed nurses) from basic hospitals and second and third level hospitals in both departments.
- With MCHIPS' technical support, actions were implemented for Continuous Quality Improvement Cycles in 17 services of the Camargo Network; 34 services of Sucre Network I and 5 services of Rural Sucre Network part of the SEDES of Chuquisaca. At the SEDES of La Paz, five workshops were given with the participation of 54 professionals from the hospitals of Escoma, Coroico, Los Andes of El Alto and Copacabana. Furthermore, the monitoring of the quality standards of La Paz (Garita Lima) and Holandes Hospitals and the methodology was socialized in the *Hospitales de la Mujer y del Niño de La Paz* (Women's Hospital and Children's Hospital of La Paz).
- In conjunction with MCHIP, training workshops were given for maternal care facilitators with the participation of 73 staff members of the SEDES of Chuquisaca and La Paz, (21 from Chuquisaca and 52 from La Paz). International facilitators participated.
- In La Paz, as well as in Chuquisaca, a number of training workshops were given (2 in La Paz and 8 in Chuquisaca) on maternal care and complications for health professionals with the support of facilitators. 397 health professionals from Networks 8, 3 and Los Andes, and from the seven Chuquisaca networks participated.
- Support was provided to a workshop to train Continuous Care facilitators, providing interactive CDs to 24 technicians of the SEDES of La Paz.
- The launching of the Competencies Development Center (CDC) of the SEDES of Chuquisaca and La Paz started with the partial provisioning of equipment.

➤ Indicators:

- *18 Neonatal resuscitation facilitators contribute to the training of all its services' staff to reduce neonatal mortality.*
- *73 staff members, specialists, general doctors and nurses trained as maternal Health*

facilitators.

- *567 communities visited by health brigades, 4,692 home visits made, 9,507 families cared for and a total number of 40,381 care situations handled.*
- *Hospital Lajastambo (CDC Chuquisaca) achieved over 75 % of the standards in its auto-diagnosis and will be certified on November becoming a CDC (Competencies Development Centre).*

P.2. As a result of the following actions, supervision systems of the SEDES of Chuquisaca and La Paz improved to ensure compliance with national regulations and guides related to family, community and intercultural health:

- Supervision training for the Heads of Departmental Programs and Network Managers.
- All SEDES' technical staff, Network Coordinators and heads of municipalities were trained and have available the corresponding instruments.
- At the SEDES of La Paz, with MCHIP's technical assistance, a multi-programmatic supervision workshop was given to 31 technicians of the six rural networks and SEDES.
- 48 multi-programmatic supervisions were performed at the seven health networks of the SEDES of Chuquisaca for a total of 429 supervised health establishments (90% of all health services).

➤ Indicators:

- *90 % of the Chuquisaca SEDES' health facilities supervised.*
- *One neonatal mortality vigilance instrument reviewed and validated at the SEDES of Chuquisaca.*
- *One comprehensive supervision instrument per technician of the SEDES of La Paz.*

P.3. As a result of the following actions, the reference and counter-reference system was improved, in particular in the selected networks of the SEDES of Chuquisaca and La Paz:

- Creation and implementation of a training plan in Operating Guide for Health Networks, executed through departmental workshops with the participation of 95 staff members of the SEDES, network coordinators and municipal leaders (70 in Chuquisaca and 35 in La Paz).
- Training, through seven workshops, of 193 staff members of the SEDES, Networks and the municipalities of Chuquisaca on reference and counter-reference systems based on the national regulation and local reality. As a result, reference and counter-reference forms were validated and printed.

P.4. As a result of the following activities, the abilities of the SEDES to implement and supervise the DOTS have improved:

- Technical assistance to departmental TB programs in Chuquisaca and La Paz, as well as at national level to expand Continuous Quality Improvement Cycles with TB standards.

- 200 staff members of the seven networks of the SEDES of Chuquisaca and 60 professionals from the six networks of the SEDES of La Paz received training, during seven workshops on TB continuous quality improvement short cycles.

IRII.3 Capacities of health networks improved to supervise the provision of comprehensive and quality services within SAFCI's framework.

The following outputs were achieved to reach outcome IR II.3:

P.1. As a result of the following actions, supervision systems improved for the application of clinical performance standards and regulations in the selected networks:

- Training supervisions by the seven Network Coordinators of health establishments in the 29 municipalities of Chuquisaca using maternal-infant contents and instruments developed for this purpose.

P.2. As a result of the following activities, the number of certified health establishments has increased:

- At the SEDES of Chuquisaca, certification plans for each Network were developed. At La Paz, the auto-evaluation certification took place. Within this context, over 75% of health facilities have Basic Line and 8 to 10 Health Facilities have rated higher than 85% for auto-evaluation certification; nevertheless, they still do not meet the ten basic requirements to culminate the entire certification process. Out of 164 health establishments auto-evaluated, only 30% comply with the 15 standards that measure SAFCI's implementation.

➤ Indicator:

- 74% of second and third level health establishments, in the area of intervention, have at available auto-evaluations.

P.3. Through the following activity, the process for the integration of family planning and post-abortion services with obstetric and neonatal care has begun:

- At Chuquisaca, eight workshops were given on maternal health, sexual and reproductive health, family planning and post-abortion care with the participation of 307 health staff members.

IRII.4 Capacity of health centers improved for the application of regulations, care guides and response to local needs

The following outputs were achieved to reach outcome IR II.4:

P.1. Health establishments in 29 municipalities of Chuquisaca and 28 of La Paz are partially equipped with basic equipment for the care of maternal-infant health.

- A first batch of basic medical equipment and communication means was purchased and delivered to the health facilities of the seven networks of Chuquisaca and six of La Paz, in accordance with the Network diagnostic performed.

P.2. As an output of the following activities, the timely availability of essential medicines, vaccines, contraceptives and other supplies has improved in the 13 networks of Chuquisaca and La Paz:

- Implementation and strengthening of the SNUS, SIAL and SALMI at the SEDES of Chuquisaca through 17 training workshops with the presence of 580 staff members, among them the heads of municipal institutional pharmacies (FIM). These activities were executed with DELIVER's technical support. Along this same line, a workshop was given with the same contents at the SEDES of La Paz with 24 participants.
- Provision of supplies to all FIMs part of Chuquisaca's Camargo Network and the La Paz Networks.

➤ Indicators:

- 80 % of all FIMs strengthened.

P.3. The following actions were developed to start actions aimed at increasing client satisfaction:

- Workshops were given, with the participation of social organizations, to collect demands and expectations linked to care quality in the Networks of Urban Sucre, Rural Sucre and Camargo.

IR III Underserved rural population empowered to seek/obtain culturally appropriate health care

IR III.1 MSD strengthened for the implementation of social mobilization strategies within SAFCI's framework.

The achievement of the following outputs was fostered to reach this outcome:

P.1. The process for the strengthening of the capacities of national organizations and associations that work on issues related to maternal-infant and reproductive care, definition of guidelines and creation of materials that facilitate social participation in health's shared management has started.

The following activities were executed to achieve this output:

- Health Promotion Unit strategic guidelines were strengthened to make the SAFCI operational under its three axes (person, family, community) and the following documents were drawn up: a) Education for Life; b) Operating Guide of good treatment in health

establishments; c) Regulations of the Departmental Health Social Council of Chuquisaca and, d) the curriculum of the Strategy and the Operating Axes of Family, Community and Intercultural Health Policy (SAFCI) (cf Life story of key officials of the Health Ministry).

P.2. The process to strengthen social participation mechanisms established by the Ministry of Health and Sports has started to collect the demands and inputs of social organizations and associations related to national policies.

The following activities were performed to achieve this product:

- The Meeting of the National Health Council took place with the participation of 300 people to analyze health's situation, characterize service provision and identify key actions to improve maternal-infant and family health, and at the same time, the functions that different parts have to perform for the SAFCI's implementation were reported.
- Certification standards were identified to measure social participation in health facilities. This process began in 164 establishments, out of which no more than 10% have social participation meeting certification standards.
- Communication strategy to promote health within SAFCI's framework under development.

IR III.2 The abilities of the SEDES and departmental social organizations improved to strengthen social participative mobilization processes.

The achievement of the following outputs was fostered to reach this outcome:

P.1. The process to strengthen the advocacy capacity of national social organizations and associations in favor of services based on rights, new policies and law compliance is underway.

The following activities were performed to achieve this output:

- Training of 1,600 representatives and leaders of indigenous communities and social organizations from Sucre Network I on maternal-infant health, with emphasis on the identification of obstetric and child health risk signs.
- Technical assistance was provided to the definition of participative management instruments in Chuquisaca and La Paz.
- The Departmental Social Council of Chuquisaca has its own operation regulations.

➤ Indicator:

- 1600 representatives of social organizations part of Sucre's Network I trained on the identification of obstetric and child health risk signs.

P.2. The strengthening of the SEDES' social participation mechanisms to request the input of social

organizations related to national policies is in progress.

The following action was performed to achieve this output:

- A meeting of the Departmental Health Council of Chuquisaca was held to evaluate performed actions and to program activities. Accountability at departmental level.

IR III.3 The abilities of authorities, technicians and municipal leaders strengthened to identify and eliminate barriers to the exercise of their rights.

The achievement of the following outputs was fostered to reach this outcome:

P.1. Municipal strengthening is in process to comply with its roles and responsibilities related to guaranteeing the right to health.

The following activities were performed to achieve this output:

- Workshops, roundtables and other activities were developed aimed at municipalities and communities on health's shared management and SAFCI and where 4,041 people were trained. This activity had HCP's technical assistance.
- Technical assistance for the implementation of municipal participative management processes within SAFCI Model's framework to develop participative health management tools for the areas of community health and social mobilization of the SEDES and Health Networks, and a guide for the development of municipal health plans. This activity had HCP's technical support.

P.2. The process to strengthen the capacity of selected municipalities has started to identify, define and report to the higher levels of the Health System about the community's definition of quality and access.

The following activities started this output's achievement:

- Meetings of Municipal Councils to define AWP's at the municipalities of Azurduy and Camargo in Chuquisaca.
- Coordination meetings related to the development of health action plans / SAFCI in all of Chuquisaca's municipalities.
- 111 fairs took place on issues related to health promotion, care quality and access to health services, aimed at all the population part of Chuquisaca's networks.

➤ Indicators:

- 13 workshops on health shared management, roundtables and other workshops aimed at the community and with the participation of 4,041 people

Section V. ANALYSIS OF INDICATORS

1. Third dose coverage of pentavalent vaccine for children under one year old:

In the department of La Paz, up to September, the coverage of the third dose of pentavalent vaccine reached 60% and 55% in Chuquisaca. Out of the 57 municipalities part of FORTALESSA's intervention, four reached coverage exceeding 80%, 23 municipalities have coverages between 50% and 79% and 30 municipalities have coverages less than 50%. These low coverages can be attributed to two factors: the work strike by health staff that took place between March and April 2012 and problems related to the population denominator caused by internal and external migration, in particular in Chuquisaca.

At the bi-annual CAI, the SEDES of Chuquisaca as well as of La Paz, pointed out these low coverages and gave instructions from the SEDES to prioritize vaccinations through a number of strategies; it is estimated that by the end of the year, coverage in La Paz will exceed 80%; nevertheless, in Chuquisaca it will be around 80%.

In Chuquisaca's case, the possibility of performing fast coverage monitoring will be explored, directed by the Departmental PAI to ensure that children living in communities receive a complete vaccination program.

2. Institutional childbirth coverage:

Institutional childbirth coverage in La Paz reached 32% up to September and 42% in Chuquisaca. Out of 28 municipalities of FORTALESSA's intervention in La Paz, only three municipalities reached institutional childbirth coverages between 50% and 70%; five between 30% and 49% and 20 municipalities under 30%. In the department of Chuquisaca, 8 municipalities have institutional coverages between 50% and 70%; five between 30% and 40% and 16 less than 30%. As can be observed, on one hand, coverages in the department of La Paz are low and on the other, coverages are acceptable in municipalities that have reference hospitals (i.e. La Asunta) and the most critical coverages are in the municipalities of Escoma (2%) and Tito Yupanqui (3%); in the department of Chuquisaca, best coverages are found in municipalities that are network seats such as Monteagudo, Camargo and Padilla; nevertheless, there are municipalities showing low coverages such as Machareti (22%) and El Villar (26%).

These low coverages are caused by highly rural areas, geographic dispersion and the structure and organization of health networks that limit timely access to childbirth care services.

3. Coverages of iron supply for children between six months and two years old:

The coverage reached in Chuquisaca up to September was 88% and 92% in La Paz. In Chuquisaca, 13 municipalities had coverages between 80% and 100%, nine between 60% and

80% and seven municipalities under 60%; in La Paz, 22 municipalities had coverages exceeding 100%, three between 60% and 80% and three less than 60%. Through community projection actions supported by the project it is expected that coverages will exceed 70% in those municipalities with coverages less than 60% in La Paz as well as in Chuquisaca.

4. Second dose coverage of vitamin A for children between 1 and 4 years old:

The following are the coverages reached with the second dose of vitamin A for children between 1 and 4 years old up to September in municipalities' part of the intervention: in La Paz, coverage reached 30% and 51% in Chuquisaca. In La Paz, 6 municipalities reached coverages between 40% and 60%, 18 between 20% and 39% and 4 less than 20%. In Chuquisaca, one municipality had coverage exceeding 60%, 20 municipalities between 40% and 60% and 8 had less than 20%. Intensive actions in progress will permit reaching coverages for the second dose of vitamin A between 60% and 65% in La Paz and between 60% and 75% in Chuquisaca.

5. Diarrhea care for children less than five years old:

In the 29 municipalities of Chuquisaca, 41,959 diarrhea episodes were treated and 15,218 in La Paz. Up to the end of the year, one diarrheic episode for every two children less than five years old will have been treated within SUMI's framework.

Although coverages are relatively low for the term, this fact can be attributed to a large degree to the work strike of health staff lasting a month and a half, The SEDES' authorities and technicians, after analyzing the situation in the CAIs, made decisions to improve coverages, which is why we consider that by year's end these will substantially improve. Among the recommendations made, emphasis is placed on performing comprehensive health actions, reaching communities lacking health establishments, intensifying projection actions aimed at communities, executing vaccination campaigns.

Section VI. LESSONS LEARNED AND FUTURE CHALLENGES

After the first year of the project's execution it is possible to identify some lessons learned from the difficulties encountered and the achieved goals.

- A basic factor to exercise Authority over the management units of the Health Management System is having the technical capacity to plan, evaluate and control the execution of the national policy. Just as long as planning is performed aligned with national regulations, responding to local needs and with social participation, health staff will be clear about the results they must achieve during the year and the contribution made by different international cooperation organisms, NGOs and other national actors.
- Departmental and local programs must include strategic actions and the type of (visible) support they provide or will provide to cooperation organisms and NGOs.
- Within the framework of the administrative-financial management of the Plurinational State, actions supporting the MSD's AWP, SEDES, Networks and municipalities have to be programmed during the month of August of the previous year in order to enable their registration with the VIPFE and in this fashion executing the actions complying with the annual scheduled program. Up to two years ago, funds financing actions to support the AWP of executing organizations did not have to be registered with the VIPFE; currently, the process to register funds can last from one to three months.
- The development of the new health policy requires making an additional analyzing and innovating effort to develop instruments that will help make operational SAFCI's great axes (community, family and individual).
- The technical level of the different SEDES is heterogeneous and a diagnostic of capacities perhaps should be performed to establish programs, objectives, goals and methodologies for program implementation; furthermore, the possibility of scheduling a first phase consisting of institutional strengthening should be considered.
- The coordination of the different partners of the FORTALESSA Program had to be undertaken under the National Technical Committee and the Departmental Technical Committees. Their roles were limited during this first year because, among other factors, for not having the approval of operating regulations. Led by public institutions these are coordination instances that should be reinforced during the upcoming year to ensure the monitoring of activities and the progress made towards the achievement of results.

Within the framework of the new proposal for a new FORTALESSA UNICEF component, which will be focused on infant health, and in order to reach programmed results, the following processes are foreseen as future challenges:

- Identification and development of actions that contribute to SAFCI's implementation based on the execution of initiatives aimed at improving infant health within inclusion and participation contexts and plurinational scenarios.

- Support more the strengthening of the management capacity of the SEDES' infant health programs to achieve expected results, in agreement with SAFCI's stipulations and improving its program's planning, monitoring, evaluation and leadership capacities.
- Given that information analysis and decision making capacity is still weak, in particular at operating level, emphasis should be place on developing instruments that support information analysis processes, in particular at network coordinators level, so that they may support the negotiation of actions in favor of infant health with municipal governments.
- An important task is the implementation of infant health regulations using practical methodologies, working in conjunction with infant and maternal health units, articulating the operation with the community and thus, identifying paths that support making operational the SAFCI Policy.
- Development of strategies to improve access to health services, infant health services in particular, will be promoted in geographically and culturally hard to access communities.
- Establishment of key actions, in conjunction with operating and community levels, supporting the reference and return of children affected by prevalent diseases, with particular emphasis on the newborn.

Section VII. ANNEXES

1. ACTIVITIES LOGICAL FRAMEWORK

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IR1. Operation Systems and participative management strengthened at all levels of the health system (Participative Management and Leadership)				
Immediate Results/Outcomes	Outputs	Main activities by Project Results	Activities executed	Effect
IR1.1 To strengthen the MOH's capacity to plan and allocate resources	P1.1. MOH's capacity improved to report and disseminate the SAFCI policy, its activities and responsibilities	SAFCI's Departmental Dissemination Plan was developed; it includes the training of health staff, departmental and municipal authorities and social organizations.	National Meeting to Evaluate the Implementation of the SAFCI Policy. Date and place: from the 27 to the 29 of August 2012, Cochabamba. Participants: 40 people, Heads of SEDES' UNIT, promotion, health services, insurance and directors.	<ul style="list-style-type: none"> • Completion of perceptions about the progress made in the implementation of the SAFCI policy and the SUS • Presentation of progress made with respect to health's participative management • Presentation of the connection between the implementation of the SUS and the dissemination of the SAFCI • Action Plan for the Improvement of the SAFCI Policy, through the functional units of promotion, services and insurance of the SEDES and MSD • Promotion of the auto evaluation of the SEDES and MSD in the implementation of the SAFCI Policy • Reorientation of the actions of the MSD's health networks • Reorientation of the promotion and intercultural focus, such as the biomedical assistance approach.
			Provision of equipment to General Planning Directorates, Promotion, and Health Services Unit of MOH: 17 computers, 2 focus projectors, 1 video-conference equipment, 4 HP LaserJet printers, 1 matrix printer, 1 Scanjet, 3 telephones, 1 60" TV and e PCs and office furniture.	<ul style="list-style-type: none"> • Improvement of staff's working conditions • Compliance with his/her functions • Work incentive • Improvement in productivity and commitment
IR 1.2: SEDES' capacity strengthened with respect to equal and efficient planning, handling and distribution of human and financial resources to comprehensive programs.	P1. The capacity of the SEDES improved to report to the networks about the SAFCI policy, its activities and responsibilities	Strengthening of the Administrative Unit for the monitoring of the financial implementation and development of administrative processes.	Departmental plans for the dissemination of the SAFCI Policy and the standardization of the contents of training activities for socialization and implementation with CMS, DILOS and the community in general.	<ul style="list-style-type: none"> • The SEDES of La Paz and Chuquisaca will have available technicians and social organizations familiar with SAFCI's theoretical framework for their articulation of the implementation model with municipalities.
			Workshop on Management for Results, following Health's current regulations; presentation within the framework of the FORTALESSA Program. Date and place: April 2012, Sucre. Participants: 70 staff members of the SEDES and Networks Evaluation method: development of action plans.	<ul style="list-style-type: none"> • Improved socialization and appropriation of the project by its implementers. • Updating of the capacities of the SEDES and Networks' technical staff on the following issues: Current Health Regulations, Request and Accountability.
			Workshop to review the Supervision Methodology within a framework focused on Quality Place: SEDES Chuquisaca. Participants: 71 people, SEDES' technicians and Coordinators of Chuquisaca's Networks.	<ul style="list-style-type: none"> • The SEDES of Chuquisaca has supervision instruments for all management levels.
			Workshop for the development and validation of the Multi-programmatic Supervision System. Place and date: SEDES of La Paz, June 2012 Participants: SEDES' technicians and the staff of the La Paz Networks, 17 health professionals (2 licensed nurses, 3 office workers and 12 doctors)	<ul style="list-style-type: none"> • The SEDES of La Paz has multi-programmatic supervision instruments validated for all management levels. • Review of CAI's methodology.
	P.2. SEDES' capacity strengthened to apply specific regulations to planning, follow-up and monitoring processes and to administrative, financial and legal management.	Support to the implementation of the SEDES' new organizational structures.	Training workshop on the Supervision and Monitoring System of the AIEPI-SISMA. Place and date: SEDES of La Paz, April 2012 Participant: 24 Network coordinators of the SEDES of La Paz	<ul style="list-style-type: none"> • The SEDES of La Paz has a computerized Supervision and Monitoring System to systematize monitoring of AIEPI Nut Clinic. • Consolidation of the information from all supervisors of IMCI Nut Clinic of the health Networks of the SEDES of La Paz • Identification of gaps in the training of health staff
			Hiring of three Administratives Consultants (2 for the SEDES of La Paz and one for the SEDES of Chuquisaca) to provide support to each SEDES Administrative Unit within the framework of the FORTALESSA Project. Development of a Manual of Processes and Procedures for the SEDES' financial management. Began in June and finished in August 2012 Participants: technicians of the SEDES of La Paz and Networks under the supervision of a consultant of the FORTALESSA Project.	<ul style="list-style-type: none"> • Strengthened SEDES' human resources. • The SEDES of La Paz has a manual of administrative procedures in use.
			Development of an Internal Operations Regulations for the Use of HACT-type cooperation funds for the MSD and the SEDES of Chuquisaca and La Paz. Participants: each institution's technical-administrative staff, MSD project's management assistant, under the supervision of an expert consultant.	<ul style="list-style-type: none"> • In progress • Will serve as a model for other cooperation programs that share the transfer of funds modality to the MSD and/or SEDES.
			Alignment of the Organizational Structure to the Strategic Plan of the SEDES of La Paz. Technical support to the FORTALESSA Project's consultant, Dr. R. Cordero, Director of Planning Unit, SEDES of La Paz, August 2012.	<ul style="list-style-type: none"> • The SEDES of La Paz has an organizational structure in accordance to the Strategic Plan.
	P.3 The SEDES' institutional capacities increased to analyze and use information in decision-making processes.	Standardization and socialization of the Program Indicator of the SEDES of Chuquisaca Date and Place: Supervision workshop, Sucre Participants: 71 people, SEDES' technicians and coordinators of Chuquisaca Networks	Development of a Manual of Functions for the SEDES of Chuquisaca. Date and Place: July 2012, Sucre Participants: 50 SEDES' technicians under the supervision of the FORTALESSA Project's consultant	<ul style="list-style-type: none"> • Will be used during the 2013 term • SEDES' staff familiar with strategic guidelines, objectives and functions of each Unit and Area of the SEDES of Chuquisaca.
			Standardization and socialization of the Program Indicator of the SEDES of Chuquisaca Date and Place: Supervision workshop, Sucre Participants: 71 people, SEDES' technicians and coordinators of Chuquisaca Networks	<ul style="list-style-type: none"> • Adaptation of Program Indicators to management Commitments. • Multi-programmatic supervisions with monitoring of information quality in health establishments.
			Delivery of and training workshop on equipment of the ASIS rooms of the seven Network Coordinators and SEDES of the department of Chuquisaca: 10 datashows and 17 laptops delivered. Date and place: September 2012, Azurduy. Participants: 18 staff members.	<ul style="list-style-type: none"> • Chuquisaca Networks have equipment and trained staff to improve the quality of information in ASIS rooms.
			Delivery of TV set and DVD player to the ASIS room of the SNIS UNIT of the SEDES of La Paz.	<ul style="list-style-type: none"> • The SEDES of La Paz has equipment to socialize data in interactive fashion.
IR 1.3 Networks' abilities strengthened to provide support to municipalities, CSM and DILOS to plan, budget and co-manage health services	P.1 Improvement in the ability of networks to report to the CSM and the DILOS about the SAFCI Policy and its activities and responsibilities	Implementation of SAFCI Policy's dissemination plans in the 13 health networks of La Paz and Chuquisaca aimed at health staff and local authorities	In Chuquisaca, 21 workshops on the SAFCI Policy executed Date and place: June - August 2012, the seven Chuquisaca Networks. Participants: 643 people, health staff and representatives of social organizations.	<ul style="list-style-type: none"> • The SAFCI Policy disseminated among 90% of first and second level service providers and the social organizations of the SEDES of Chuquisaca.
			Workshop for the Socialization of the Strategic Health Plan of the department of Chuquisaca. Date and place: July 2012, Sucre Participants: 50 SEDES' technicians, municipal leaders; facilitator, Vice-ministry of Autonomies.	<ul style="list-style-type: none"> • Incorporation of the health thematic in the Organic Charts of the municipalities of Chuquisaca.
	P.2 Improvement in the abilities of Networks to provide support to municipalities, the CSM and the DILOS in the use of data for decision-making purposes and to receive feedback to improve the Information System	Development of CAIs in thirteen Network Coordination of La Paz and Chuquisaca, analyzing prioritized indicators with a gender and intercultural focus.	In Chuquisaca, 48 Information Analysis Committees (CAIs) at departmental, network and municipality level. 1 Hospital CAI in Sucre's Network I. Participants: 1816 Health staff members and representatives of civil society.	<ul style="list-style-type: none"> • Implementation of Action Plans to improve the provision of services and compliance with Management Commitments and program indicators. • Civil society's active and permanent participation • Hospital information improved
			In La Paz, 6 Network CAIs financed by the Network itself. Date and place: July 2012, Gorico Participants: 28 people in each CAI, municipal representatives, local authorities and health providers for each network seat.	<ul style="list-style-type: none"> • Analysis of Management Commitments • Analysis of indicators and health coverages for women of reproductive age and children less than five years old. • Recommendation by the Epidemiology Unit to increase the efforts made on infant-maternal health coverages.
	P.3 Network Coordinators' capacities increased to provide support to municipalities and CSMs in planning and budgeting processes	Programming of health activities for 2013 with the participation of the CSM, health technicians and other grass-roots organizations.	In Chuquisaca, 1 workshop for the development of the AWP 2013 Date and place: August 2012, Sucre. Participants: 70 staff members and representatives, SEDES' technicians, Network coordinators, municipal health leaders and social organizations.	<ul style="list-style-type: none"> • Development of AWP 2013 CHUQUISACA for FORTALESSA.
			In La Paz, 1 workshop for the development of the AWP 2013 Date and place: August 29 and 30 2012, Copacabana - La Paz. Participants: 57 staff members and representatives, SEDES' technicians, six Network coordinators, 27 municipal health leaders. Collaboration of MCHIP, DELIVER, Healthy Community Project, USAID and FOREDES.	<ul style="list-style-type: none"> • Development of AWP 2013 LA PAZ for FORTALESSA.
	IR 1.4 Improved capacities of the DILOS and the CSM to guarantee a fair, effective and efficient planning and management of health services	P.1. The abilities of municipalities, CSM and the DILOS improved in the use of data for decision-making processes and to provide feedback to improve information systems	2 training workshops on planning and budgeting. Date and place: May and August 2012, La Paz. Participants in each workshop: 27 municipal health leaders, six Network coordinators, SEDES' technicians	<ul style="list-style-type: none"> • Socialization of the SEDES' strategic axes. • Training in the handling of AWP forms. • Adjustment of the 2012 AWP • Reprogramming of the 2013 AWP
			Active participation in the CAIs of grass-roots organizations, DILOS and other representatives of civil society	<ul style="list-style-type: none"> • Shared Management strengthened in municipalities.
IR 1.4 Improved capacities of the DILOS and the CSM to guarantee a fair, effective and efficient planning and management of health services	P.2. The capacities of the DILOS and CSMs improved for the development of plans and budgets.	With the support of Network Managements, the DILOS and CSM apply planning and budgeting instruments to health AOPs at municipal level.	Municipal participative planning in the municipalities of Camargo, Azurduy, Yamparaez and Monteagudo Collaboration and technical support provided by Healthy Community Project	<ul style="list-style-type: none"> • Development of the Municipal Health AWP of Camargo and Azurduy with social participation. • In progress, development of Municipal Health AWP of Yamparaez and Monteagudo with social participation.

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IR2. Access to quality and intercultural healthcare increased and improved				
Immediate Results/ Outcomes	Outputs	Main activities by Project Results	Activities executed	Effect
IR2.1.- Improved technical coordination and authority of the MSD's technical programs within SUS-SAFCI's framework	P1 . MSD strengthened to implement the Standards and Guides of comprehensive care (maternal-infant health, family planning, adolescent health, sexual and reproductive health and TB) within the SAFCI, including those for home visits by health and community staff	Review, development, validation and printing of regulation guides concerning: a) maternal health (sexual and reproductive health, post-abortion care, family planning and CONE) b) Infant health. c) Adolescent health (differentiated care for the adolescent, pregnancy prevention, violence prevention and STD/HIV prevention). d) SUS e) Health promotion.	1. National Standards of first care level. 2. National Standards of second care level. 3. Clinical Care National Standards. 4. Implementation Manual of Continuous Quality Improvement Cycles for Maternal and Child health. 5. Immediate Action Plan primers to reduce Maternal Mortality 2013 - 2015. 6. Infrastructure and Equipment Manual for first and second care level. 7. Implementation Manual of Maternal Home.	
			Development and socialization of interactive CDs for auto-training in AIEPI NUT CLINIC and AIEPI NEONATAL with focus on Continuous Care. Technical support to the PAI's head in Chuquisaca, September 2012. Collaboration: JHPIEGO MCHIP program	
		Training of maternal health facilitators, AIEPI	Incorporation of interactive auto-training courses on AIEPI CLINIC and AIEPI NEONATAL to the methodology used for Continuous Care training	• Training of departmental facilitators in all SEDES of Bolivia on AIEPI CLINIC and AIEPI NEONATAL.
			National Training Workshop on the Clinical Care National Standards - NNAC and AIEPI Neonatal. Date and place: June 26 to 29, Oruro. Participants: Staff of health networks' areas of the nine SEDES and health staff from prioritized networks.	• 77% of participants complied with the development of the NNAC's action plans
			In Chuquisaca, 1 training workshop for maternal health facilitators Date and place: July 2012, Sucre Participants: 21 staff members from the different networks, 10 gynecologists and 11 general doctors, under the supervision of international facilitators Collaboration: JHPIEGO MCHIP program	• Facilitators supported the dissemination of maternal health regulations among the operating staff of the Networks of the departments of La Paz and Chuquisaca.
	P.2.The MSD's technical capacities strengthened for the implementation of comprehensive and functional maternal and neonatal care health networks at all attention levels (health services up to the community).	Updating and socialization of the characterization regulations of first and second level health establishments	Agreement on and validation of the National Regulation concerning the Characterization of first and second level care establishments. Date and place: June 11 to 13, Huatajata; and June 27 to 29, Cochabamba. Participants: Health Operating Staff (nurse assistants, chief doctors, network coordinators area doctors) and the SEDES' representatives.	• National Standards Characterization of First and Second level Care, validated and adjusted to the operating staff of health networks' technical criteria.
			Sixth National Learning Session and Development of Methodology for Continuous Quality Improvement Cycles related to maternal-infant health. Date and place: June 18 to 20, Santa Cruz. Participants: MSD's authorities (Minister, General Director of Health, Head of Health Services Unit; representatives of the nine SEDES' maternal-infant care, quality and services; professionals of the 27 hospitals applying Continuous Quality Improvement Cycles and foreign cooperation UNICEF, MCHIP, FCI/COH).	• Formulation of corrective proposals aimed at the MSD, SEDES and hospitals • Staff training and updating on this issue.
		Implementation of Continuous Quality Improvement Cycles (CMCC) for maternal-infant care (training, supervision, vigilance and quality recognition).	National Monitoring and Evaluation of Continuous Quality Improvement Cycles Session related to Maternal, Neonatal and Infant Care Session Date and place: October 4 and 5 2012, La Paz. Participants: MSD's authorities participated (Head of Health Services Unit; representatives of the nine SEDES' maternal-infant care, quality and services; professionals of the 27 hospitals applying short continuous quality improvement cycles).	• Review of compliance with quality care standards in 27 Bolivian hospitals.
		Web page designed to make public the data of short quality improvement cycles and other information related to maternal-infant health.		
	P.3.Innovative strategies formulated to increase access to proven and effective interventions concerning maternal-infant health, SSR, family planning, tuberculosis, including increase and/or improvement of infrastructures with cultural adaptation, mobile equipment, home visits by health staff, maternal homes, telemedicine and others.	Increase in population's access to health services and providers.	Implementation of mobile health brigades in the department of Chuquisaca. - 567 communities visited by health brigades, 4,692 home visits made, 9,507 families cared for and a total number of 40,381 care situations handled	• Access improved for the population of Chuquisaca to health services.
		Provision of audiovisual and other equipment to strengthen the operation of the Services Unit.	Provision of equipment to each department's Services Unit (data displays and laptops). Delivery: September 2012	
		Development of the regulatory framework to implement Maternal Homes.	In progress...	<i>Maternal Home: Space for women close to childbirth near to health establishments and with obstetric capacity under the MSD's regulation.</i>
		Development of regulatory framework to implement the "Kangaroo" Mother initiative.	In progress...	<i>Kangaroo mother initiative: MSD's strategy to prevent underweight neonatal deaths in rural areas, where there are no specialists available, nor appropriate equipment for their transportation to a better equipped center.</i>
	P.4. Strengthening of the MSD's capacities to implement a monitoring and supervision system that guarantees compliance with standards at national level including comprehensive and intercultural quality services.	Creation/development, validation and implementation of guides for comprehensive supervision (subnational). (Cf IR I.2 P2)	In progress...	This process will enable the optimizing of financial resources allocated to supervision visits and after the findings, reinforcement can take place through their programmatic supervisions which as a whole will contribute to improving the results of the application of care protocols to the users of the health system in the department of La Paz.

1 R 2.2 SEDES' capacities developed to improve the clinical and intercultural competencies of providers		Development and execution of Departmental Training Plans for Human Resources on standards and health care guides: a) Maternal health (sexual and reproductive health, post-abortion care, family planning and CONE) b) Infant health. c) Adolescent health (differentiated care for the adolescent, pregnancy prevention, violence prevention and STD/HIV prevention). d) SUS e) Health promotion.	2 Training workshops on maternal health (care and complications) within the framework of the Departmental Training Plan of La Paz. Participants: 90 health professionals from first and second level establishments, Network 8 Nor and Sud Yungas and Network 3 Camacho and the Los Andes Network of El Alto. Collaboration: JHPiEGO MCHIP program	
	P.1 The SEDES' abilities increased to disseminate and implement national standards and guides, including home visits by health and community staff		National Workshop on Neonatal Resuscitation and presentation of results. Date and place: May 16 2012, La Paz Participants: 2 health professionals from the Neonatal Resuscitation Committee for each department (18 instructors).	• Training of 18 national instructors on Basic neonatal Resuscitation. • Socialization of the results of the 9 Neonatal Resuscitation Committees • Development of each committee's Work Plan for 2012. • Analysis of Training Plan for first level.
			Departmental La Paz Workshop on Basic Neonatal Resuscitation. Date and place: August 2012, SEDES of La Paz Participants: 24 health professionals from the six La Paz Networks	
		Workshop on neonatal resuscitation procedures for hospital staff	In Chuquisaca, 2 Basic Neonatal Resuscitation Workshops Date and place: September 2012, SEDES of Chuquisaca. Participants: 35 health professionals, doctors and licensed nurses; Gineco Obstetrico Hospital, Jaime Mendoza, UNI and Hospital Pokonas, San Juan de Dos Camargo and the Cueva Pampa Health Center of the Camargo network.	
			In La Paz, 4 Basic Neonatal Resuscitation workshops. Date and place: August and September 2012. SEDES of La Paz Participants: 45 health professionals (doctors as well as licenses nurses): Copacabana and C.S. Isla del Sol hospitals (network 5), Aymara Escoma hospital (network 3), Los Yungas Corico general hospital (network 8).	Basic Neonatal Resuscitation: the correct resuscitation of the new born with asphyxia can save over 90% of lives.
		Implementation of Continuous Quality Improvement Cycles (CMCC) in maternal-infant care, supervision, vigilance. Quality recognition).	Implementation of maternal, neonatal and infant health CMCC in Chuquisaca health establishments. Date and place: From May to September, municipality of the Camargo Network and Network 1 Sucre and Rural Network Sucre. Participants: 56 health professionals from hospitals: 17 health establishments from the Camargo Network, 24 from the Network 1 Sucre and five from the Rural Network Sucre. Collaboration: JHPiEGO MCHIP program □ 5 workshops on the implementation of CMCC in maternal, neonatal and infant health for La Paz establishments. Date and place: August and September 2012, SEDES of La Paz Participants: 54 health professionals from the Hospitals of: Escoma, Corico, Los Andes of El Alto and Copacabana.	• Dissemination of the maternal, neonatal and infant health CMCC among 56 health establishments in the department of Chuquisaca • Monitoring of CMCC standards in La Paz hospitals (García Lima and Holandes). • Socialization of CMCC among women and children hospitals of La Paz
		Provision of equipment and start up of the Competencies Development Center at SEDES level /third level care hospitals.	In Chuquisaca, technical support to the auto-diagnostic for certification of Gineco Obstetrico and Lajastambo Hospitals selected as CDC In La Paz and Chuquisaca, provision of equipment to implement the CDC (Hospital Los Andes): 2 data shows, 8 computers and printers, 2 screens, 1 laptop, 1 flat-screen TV set, 1 DVD player.	• The Hospital Lajastambo has reached over 75% of the auto diagnostic standards. • Certification of the Hospital Lajastambo and creation of the CDC for November. CDC: training centers near health networks.
	P.2 Supervision system improved to ensure compliance with national regulations and guides related to family, community and intercultural health at SEDES' level	Training of Departmental Program leaders and network managers on supervision.	In Chuquisaca, 1 Training Workshop on Multi-programmatic Supervision. Date and place: May 2012, Sucre. Participants: SEDES' technical staff and municipal leaders who were trained on multi-dimensional supervision and have the corresponding instruments. Training workshop on Multi-programmatic Supervision. Date and place: September 5 to 7 2012, SEDES of La Paz. Participants: 31 SEDES' staff members and technicians, Network coordinators and municipal leaders. Collaboration: JHPiEGO MCHIP program	• Improvement of the supervision sub-system at all SEDES' management levels.
		Execution of training supervision by the SEDES of health Networks about maternal-infant and adolescent health issues.	In Chuquisaca, implementation of 48 multi-programmatic supervisions, on issues related to maternal, infant and adolescent health, at the seven health networks for a total of 429 supervised health establishments.	• 90 % of SEDES' health establishments supervised.
	P.3 Reference and counter-reference system improved	Development and implementation of a training plan on the functional organization of comprehensive health networks with emphasis on maternal-infant health care.	Workshop for the development of the Functional Network Plan at the SEDES of La Paz. Date and place: August 2012, La Paz Participants: 35 health providers from network 5 Los Andes Manco Kapac and Hospitals Los Andes, El Alto and Materno Infantil of La Paz, in addition to SEDES and NGOs' technical staff.	• Network 5 Los Andes Manco Kapac and the Hospital Los Andes of El Alto were designated as pilot implementation network. • Training on Continuous Quality Improvement Cycle for all health staff of the Hospital Los Andes and the Hospital de Copacabana • Training on Basic Neonatal Resuscitation for health staff of the Hospital Los Andes and Hospital de Copacabana
		In Chuquisaca, 1 training workshop on the Organization of Comprehensive Health Networks and on the Reference and Counter-reference System. Date and place: May 2012, Sucre. Participants: 70 SEDES' staff members, network coordinators and municipal leaders		• technical and operating staff of the SEDES of Chuquisaca trained on Comprehensive Health Networks and on the Reference and Counter-reference System.
		Training of health staff on reference and counter-reference, based on the national regulation and local reality.	In Chuquisaca, 7 training workshops on reference and counter-reference. Development of reference and counter-reference forms. Date and place: July 2012 at different municipalities in Chuquisaca. Participants: 193 staff members of the SEDES, Networks and municipalities trained on the National Regulation of the Reference and Counter-reference System	• SEDES' reference and counter-reference system operating as per regulation.
	P.4 SEDES' abilities increased to implement and supervise the DOTs.		Technical assistance to the implementation of TB Continuous Quality Improvement Cycle provided by Georgina Apaza, UNICEF's consultant for TB component	
		Updating, printing, supervision, evaluation and workshops to expand Continuous Quality Improvement Cycle with TB standards tuberculosis	In Chuquisaca, 7 workshops on TB COMCC Date and place: July and August 2012 at the seven networks Participants: 200 staff members of the seven networks Colaboración con HCI. In La Paz, 1 TB CCMC workshop Planning of workshop to social contents of drug resistant Place and date: July 27, La Paz Participants: 60 health professionals from the 6 networks Colaboración with HCI.	• Implantation of short cycles' methodology to TB control at SEDES' services.

IR 2.3 Capacities of health networks improved to supervise the provision of comprehensive and quality services within SAFCI's framework	P.1 Supervision systems improved based on the application of regulations, standard and clinical performance in the selected networks	Execution of training supervision by the seven Network Coordinators of health units part of their action area.	In Chuquisaca, implementation of seven training supervisions by Network coordinators to the seats of their municipalities, 29 municipalities, applying the corresponding instruments.	
	P.2 Increase in the number of certified health establishments	Development and implementation of a certification plan at SEDES and Health Networks' level	Development of certification plans for each network in the department of Chuquisaca. Implementation of the departmental certification plan through the technical support provided to the auto-evaluation process.	<ul style="list-style-type: none"> • Over 75% of establishments part of the project have a baseline • From 8 to 10 health establishments have a rating of 85% or more for certification • 164 health establishments auto-evaluated for certification: only 30% meet the 15 standards that measure SAFCI's implementation. <p>The monitoring of SAFCI's standards during the certification process will permit the SEDES to have the knowledge about the implementation or no implementation of this policy, and to make decisions to reinforce it and apply the law.</p>
	P.4 FP and post-abortion services integrated to obstetric and neonatal care in networks	Implementation and training of health professionals on SSR, FP and post-abortion care.	In Chuquisaca, 8 workshops on maternal health, SSR, family planning and post-abortion care Date and place: June and July 2012, in a number of the department municipalities. Participants: 307 health services operating staff. Cooperation MCHIP JHPIEGO	
IR 2.4 Capacity of health centers improved for the application of standards, care guides and response to local needs	P.1 health establishments that have sufficient equipment and infrastructure to implement family, community and intercultural health services as result of the allocation of municipal funds	Purchase and provision of basic medical equipment and communication means to the health units of the seven networks, following the Network diagnostic.	<p>In Chuquisaca, provision of equipment to the SEDES, Network coordinators, municipalities and health services: 41 computers, 42 printers, 22 laptops, 25 oxygen bottles, 5 stretchers, 14 data displays, 5 DVD players, 8 projection screens, 2 scanners, 2 faxes, 3 acrylic boards, 12 mattresses, 72 heaters, 97 sleeping bags, 98 waterproof ponchos, 4 40" TV sets and 1 60" TV set</p> <p>In La Paz, provision of equipment to the SEDES, Network coordinators, municipalities and health services: 34 computers, 43 printers, 24 laptops, 26 oxygen bottles, 8 digital glucometers, 3 phototherapy lamps, 15 data displays, 3 DVD players, 3 projection screens, 1 scanner, 2 acrylic boards, 2 kitchen ranges, 46 heaters, 45 cases, 2 water-proof tent, 4 40" TV sets and 1 60" TV set</p>	<ul style="list-style-type: none"> • Improvement of computer, audiovisual and resolution capacities of health services for the better implementation of the SAFCI Policy.
	P.2 Improvement in the availability of essential medicine, vaccines, contraceptives and supplies.	Implementation and strengthening of the SNUS, SIAL and SALMI	In Chuquisaca, 17 training workshops on SNUS, SIAL and SALMI Date and place: June - August 2012, SEDES Chuquisaca. Participants: 580 staff members, heads of FIM, municipal leaders and nurses.	<ul style="list-style-type: none"> • Strengthening of the dissemination capacity in the Camargo Network.
		Strengthening of Institutional Municipal Pharmacies.	Provision of supplies to all FIM and kits to the Camargo Network	
		Implementation and strengthening of the SNUS, SIAL and SALMI	In La Paz, 1 workshop to implement the SNUS SALMI SIAL and planning of the monitoring of the SNUS SALMI SIAL Date and place: August 20 to 22 2012, La Paz Participants: 24 people from health networks. DELIVER collaboration	
		Strengthening of Institutional Municipal Pharmacies.	Technical support to the SEDES of La Paz for the geo-localization of pharmacies in the city of La Paz	
	P.3 Increase in client satisfaction	Incorporation of quality criteria in Continuous Quality Improvement Cycle from the user perspective.	Participation of social organizations in workshops on CMCC, in the Urban Sucre networks and Rural Sucre and Camargo.	
	P.4 Increase in the number of reference and counter-references performed	Implementation and training of health staff on procedures and regulations related to network operation.	In progress...	
	P.5 Health providers trained to provide quality maternal-infant health, reproductive health and TB services based on standards	Monitoring and training of human resources on maternal-infant health, reproductive health and TB, based on standards	In progress...	

FORTALESSA - UNICEF
Annual Operating Plan
Year 1

IR 3. Underserved rural population empowered to seek/obtain culturally appropriate health care (Equity and Rights)				
Immediate Results/Outcomes	Outputs	Main activities by Project Results	Activities executed	Impact
3.1 MSD strengthened for the implementation of social mobilization strategies	P.1 The capacities of national organizations and associations working on issues related to maternal-infant and reproductive health increased to advocate in favor of services based on rights, new policies and compliance with existing laws.	Development, validation and printing of guides and tools that facilitate social participation in health's shared management, taking into account cultural focus.	Updating of Health Promotion strategic guidelines to make the SAFCI's three axes operational (person, family, community). creation of the Education for Life document. Development of an operating guide of good treatment in health establishments. Development of a procedure guide of good treatment s, violence and adolescent pregnancy prevention.	<ul style="list-style-type: none"> Development of operating tool aimed at the staff of health establishments to deal with the main health determinants. Conceptual tools and methodologies to implement education/action for life processes within SAFCI's framework. Promotion of good treatment in the relation between health team and user and at institutional level Promotion of mechanisms and procedures culturally contextualized to exercise the good treatment of pregnant adolescents and prevent violence in services, family, community, etc.
		Development and implementation of a Training Plan to Report to social organizations about the operation of the different care levels, operation of health networks, health laws and means/mechanisms to access to and demand for health services as a right. Information about maternal-infant programs.	Development of the regulations of the Social Departmental Health Council of Chuquisaca. Technical assistance for the development of a curriculum for the Strategy of the Operating Axes of Family, Community and Intercultural Health (SAFCI) aimed at decision makers in the MSD and social leaders.	<ul style="list-style-type: none"> The change of health model expressed by the SAFCI Policy, requires for MSD's management staff to fully handle the contexts, technical and operational, of the SAFCI's Policy, to facilitate the leadership of the policy at national level. Furthermore, the training of leaders facilitates the political appropriation of health under the three axes of health promotion (family, community and individual).
		Meeting of the national Health Council to analyze health status, characterize the provision of services and identify key actions to improve maternal-infant and family health. Date and place: May 2012, Sucre. Participants: 300 people representing social organizations.	Meeting of the National Health Council to analyze health's status, characterize the provision of services and identify key corrective actions to improve maternal-infant and family health.	<ul style="list-style-type: none"> Support by the social structure to SAFCI's implementation.
	P.2 Strengthening of the MSD's mechanisms to request inputs from social organizations and associations related to national policies.	Diagnostic of community participation modes in health's management and care.	Standards were identified within the certification process to measure social participation in health establishments. Date and place: August 2012	Out of the 164 health establishments evaluated, no more than 10% have social participation meeting certification standards.
			In progress the design of the SAFCI's Communication Strategy.	<ul style="list-style-type: none"> MSD SAFCI Policy's communication strategy SAFCI Policy's communication strategy adapted to the departments of La Paz and Chuquisaca. Dissemination of the SAFCI policy among Bolivia's population within the framework of the compliance with the right to health.
3.2 The abilities of the SEDES and departmental social organizations improved to strengthen social participative mobilization processes.	P.1 Increase in the advocacy capacity of social organizations and national associations in favor of services based on rights, new policies and law compliance.	Training of leaders of indigenous communities and social organizations on human rights, the right to health, the rights of children and women, as well as maternal-infant and adolescent health.	Training of 1,600 representative of social organizations from Network 1 Sucre and identification of obstetric and child's health warning signs. Technical assistance to strengthen social organizations in relation to the SAFCI Policy and its Health Participative Management instruments.	<ul style="list-style-type: none"> Organic statutes, with emphasis on the health portfolio of the social organizations of the departments of La Paz and Chuquisaca Internal Operation Regulations of the National Social Health Council and of the Departmental Councils of La Paz and Chuquisaca Manual of functions for Health's Social Structure National Plan for the implementation of a "Process to train leaders of GPS and SAFCI".
	P.2 Strengthening of the SEDES' mechanisms to request inputs from social organizations and associations related to national policies	Execution of meetings of the Departmental Health Council to evaluate developed actions to define main actions. Accountability at departmental level.	1 meeting of the Departmental Council of Chuquisaca to analyze the current situation and to program activities.	
3.3 The abilities of authorities, technicians and municipal leaders strengthened to identify and eliminate barriers to the exercise of their rights	P.1 Municipal capacity increased to comply with its roles and responsibilities related to guaranteeing the right to health.	Training of municipal authorities and technicians about their health related responsibilities at municipal level and Health's Shared Management.	In Chuquisaca, 13 workshops on health's shared management, roundtables and workshops aimed at the community Date and place: from July to September 2012, at all the department networks. Participants: 4,041 people.	
			Technical assistance to the implementation of Municipal Participative Management Processes of the Family, Community and Intercultural Policy Model	<ul style="list-style-type: none"> participative management tools for community health areas and social mobilization of the SEDES and Health Networks Guide for the development of municipal health plans.
	P.2 The capacity of selected municipalities increased to identify, define and report to higher levels about the community's definition of quality and access	Execution of meetings of Municipal Health Councils where health's status is analyzed and decisions are made based on identified priorities.	In Chuquisaca, meeting of Municipal Councils to define the AWP of the municipalities of Azurduy and Camargo. Coordination meetings in all municipalities. Organization of the Meeting of Health's Municipal Management, in order to know the different experience related to the application of the SAFCI Policy in municipalities. Date and place: January 28 to 30 2012, Cochabamba Participants: SEDES' heads of health promotion, health municipal representatives, social organizations representatives and the MSD. Collaboration: Healthy Communities Project (systematization of the workshop's results).	
		Implementation of health promotion actions at municipal/community level co-financed by the municipal government.	Execution of 111 fairs in the networks aimed at the entire population.	

TABLE OF ACTIVITIES PERFORMED IN COLLABORATION WITH DIFFERENT PARTNERS

Organisation	Task	Activities	Area	UNICEF support
DELIVER	Technical assistant on the Logistic Administration System of Medicines, Inputs and reagents	In Chuquisaca, 17 training workshops on SNUS, SIAL and SALMI Date and place: June - August 2012, SEDES Chuquisaca. Participants: 580 staff members, heads of FIM, municipal leaders and nurses.	SEDES Chuquisaca Network: Azurduy Padilla Monteagudo Camargo Sucre Urbano Sucre Field Tarabuco	To ensure technical and financial assistance to all the municipalities of Chuquisaca, activities have been included in the AWP
	Training strategy, implementation and supervision in the prioritized project areas	In La Paz, 1 workshop to implement the SNUS SALMI SIAL and planning of the monitoring of the SNUS SALMI SIAL Date and place: August 20 to 22 2012, La Paz Participants: 24 people from health networks.	Network: Los Andes	
JHPIEGO/MCHIP	Integrated functional networks Includes: Implementation of an operative guide to strengthening SAFCI in the services networks coordinated with SEDES Continue quality improvement processes (forming/strengthening of Quality Committees in the services networks, including principal networks hospitals, standards monitoring, flow analysis users, ONU indicators, come out application surveys) Technical supervision: supervisor workshops, supervisor facilitators will be formed for the network job. Health services technical assistance, via institutional (health services); in Mother Health includes: PF, Post abortion, bleeding of the first pregnancy quarter, obstetric essential neonatal cares (CONE basic and extended) Departmental facilitators forming in SM, CONE, PF, HPME & infection prevention Health services accreditation processes RH- Development Competencies Centers (CDC), Experiences systematization. Identification of normative and tools documents.	Development and socialization of interactive CDs for auto-training in AIEPI NUT CLINIC and AIEPI NEONATAL with focus on Continuous Care. Technical support to the PAI's head in Chuquisaca, September 2012.	SEDES Chuquisaca	To ensure technical and financial assistance to implementation of activities and support logistical Assistance. To guarantee implementation of activities in all the municipalities of Chuquisaca where activities have been included in the AWP
		In Chuquisaca, 1 training workshop for maternal health facilitators Date and place: July 2012, Sucre Participants: 21 staff members from the different networks, 10 gynecologists and 11 general doctors, under the supervision of international facilitators	SEDES Chuquisaca	
		In La Paz, 2 training workshops for maternal health facilitators. Date and place: August and September 2012, SEDES of La Paz. Participants: 52 Participants from the different networks	Sedes La Paz Network: Camacho Los andes Nor y Sur Yungas Luribay Inquisivi El Alto	
		Sixth National Learning Session and Development of Methodology for Continuous Quality Improvement Cycles related to maternal-infant health. Date and place: June 18 to 20, Santa Cruz. Participants: MSD's authorities (Minister, General Director of Health, Head of Health Services Unit; representatives of the nine SEDES' maternal-infant care, quality and services; professionals of the 27 hospitals applying Continuous Quality Improvement Cycles and foreign cooperation UNICEF, MCHIP, FCI/CCH).	National	
		Implementation of maternal, neonatal and infant health CMCC in Chuquisaca health establishments. Date and place: From May to September, municipality of the Camargo Network and Network I Sucre and Rural Network Sucre. Participants: 56 health professionals from hospitals: 17 health establishments from the Camargo Network, 24 from the Network I Sucre and five from the Rural Network Sucre.	Network: Camargo Sucre Urbano Sucre Field	
		Training workshop on Multi-programmatic Supervision. Date and place: September 5 to 7 2012, SEDES of La Paz. Participants: 31 SEDES' staff members and technicians, Network coordinators and municipal leaders.	Sedes La Paz Network: Camacho Los andes Nor y Sur Yungas Luribay Inquisivi El Alto	
		In Chuquisaca, 8 workshops on maternal health, SSR, family planning and post-abortion care Date and place: June and July 2012, in a number of the department municipalities. Participants: 307 health services operating staff.	SEDES Chuquisaca Network: Azurduy Padilla Monteagudo Camargo Sucre Urbano Sucre Field Tarabuco	
HCP	Development of municipal health AWP	Municipal participative planning in the municipalities of Camargo, Azurduy, Yamparaez and Monteagudo.	Municipalities Camargo Azurduy Yamparaez Monteagudo	To ensure technical and financial assistance to implementation of activities and support logistical Assistance. To guarantee implementation of activities in all the municipalities of Chuquisaca where activities have been included in the AWP
	Developing of planning instruments with the Ministry of Health Identification and selection of the social structure of the SAFCI (ALS); conformation of the CLS Work on raising community demand Work with Health Community Agents Concerted quality	Organization of the Meeting of Health's Municipal Management, in order to know the different experience related to the application of the SAFCI Policy in municipalities. Date and place: January 28 to 30 2012, Cochabamba Participants: SEDES' heads of health promotion, health municipal representatives, social organizations representatives and the MSD.	National	
HCI	Technical Assistance for TB for the Network of the Andes of El Alto	In La Paz, 1 TB CCMC workshop Planning of workshop to social contents of drug resistant Place and date: July 27, La Paz Participants: 60 health professionals from the 6 networks	Sedes La Paz Network: Camacho Los andes Nor y Sur Yungas Luribay Inquisivi El Alto	Technical assistance in both departments based on the package implemented by USAID HCI's activities for the Network of the Andes of El Alto included in AWP
		In Chuquisaca, 7 workshops on TB CCMC Date and place: July and August 2012 at the seven networks Participants: 200 staff members of the seven networks	SEDES Chuquisaca Network: Azurduy Padilla Monteagudo Camargo Sucre Urbano Sucre Field Tarabuco	
DELIVER / JHPIEGO-MCHIP / HCP	Technical Assistance	In Chuquisaca, 1 workshop for the development of the AWP 2013 Date and place: August 2012, Sucre. Participants: 70 staff members and representatives, SEDES' technicians, Network coordinators, municipal health leaders and social organizations.	SEDES Chuquisaca Network: Azurduy Padilla Monteagudo Camargo Sucre Urbano Sucre Field Tarabuco	Coordination, technical and logistical assistance to the organization of workshop.
		In La Paz, 1 workshop for the development of the AWP 2013 Date and place: August 29 and 30 2012, Copacabana - La Paz. Participants: 57 staff members and representatives, SEDES' technicians, six Network coordinators, 27 municipal health leaders. Collaboration of MCHIP, DELIVER, Healthy Community Project, USAID and FOREDES.	Sedes La Paz Network: Camacho Los andes Nor y Sur Yungas Luribay Inquisivi El Alto	

2. PERFORMANCE DATA 2012

N° PMP/O P	PMP/OP INDICATORS	USG Fiscal Year Targets							
		Fuente	Periodicidad		FY12	Q1	Q2	Q3	Q4
3	PMP. % of children under age 12 months fully vaccinated with pentavalente	SNIS	Trimestral	Meta	80%	80%	80%	80%	80%
				Actual	59%			70%	49%
18	OP. # of new borns receiving essential newborn care through USG-supported programs	SNIS	Trimestral	Meta	16,574	4,143	4,143	4,143	4,143
				Actual	6,416			3,754	2662
19	OP. # of children less than 12 months of age who receive DPT3 (pentavalente) from USG-	SNIS	Trimestral	Meta	25,375	6,344	6,344	6,344	6,344
				Actual	9,403			5,548	3,855
20	OP. # of cases of child diarrhea treated in USG-assisted programs	SNIS	Trimestral	Meta	78,312	19,578	19,578	19,578	19,578
				Actual	28,875			16,931	11,944
23	OP. # of children under five reached by USG-supported nutrition programs	SNIS	Trimestral	Meta	109,636	27,409	27,409	27,409	27,409
				Actual	43,740			27,637	16,103
15	OP. % of registered new smear positive pulmonary TB cases	Registro PNCT	Trimestral						
26	PMP. # of men and women trained in rights-based activities	Registro Proyecto	Trimestral	Meta	N/A				
				Actual					
28	PMP. # of individuals treated due to medical (excluding psychological/psychosocial)	SNIS	Trimestral	Meta	4,517	1,129	1,129	1,129	1,130
				Actual	2,053			1,099	954
29	PMP. Porcentaje de personas referidas por violencia Basada en Género para recibir apoyo	Registro Proyecto	Anual	Meta	LB				
				Actual	LB				
15	OP. % of registered new smear positive pulmonary TB cases that were cured and	Registro PNCT	Anual	Meta					
				Actual					
1	AO. % unmet need for primary healthcare services	Encuesta Hogares	Cada 2 años	Meta	LB				
				Actual	LB				
2	AO. % unmet need for family planning services	Encuesta Hogares	Cada 2 años	Meta	LB				
				Actual	LB				
5	PMP. % of children 0-59 months of age who received appropriate treatment for last diarrhea	Encuesta Hogares	Cada 2 años	Meta	LB				
				Actual	LB				
6	PMP. % of children under age 6 months exclusively breastfed	Encuesta Hogares	Cada 2 años	Meta	LB				
				Actual	LB				
7	PMP. % of children 0-59 months of age with chronic undernutrition (stunting)	Encuesta Hogares	Cada 2 años	Meta	LB				
				Actual	LB				
11	PMP. % of primary level providers who are knowledgeable about EmOC, neonatal and	Encuesta Proveedores	Cada 2 años	Meta	LB				
				Actual	LB				
12	PMP. % of clients expressing satisfaction with services received at primary and secondary	Encuesta Proveedores	Cada 2 años	Meta	LB				
				Actual	LB				
24	OP. % of children ages 0-59 months who had diarrhea in the prior two weeks	Encuesta Hogares	Cada 2 años	Meta	LB				
				Actual	LB				
PROJECT INDICATORS		Fuente	Periodicidad	Meta/Actual	FY12	Q1	Q2	Q3	Q4
1	# of SEDES reports submitted on time to MOH during the last 12 months	Registros	Trimestral	Meta	2	2	2	2	2
				Actual	2	2	2	2	2
2	% of health facilities that have received support supervision visits in the last 6 months	Registros	Anual	Meta	30%			15%	15%
				Actual	21%			7%	14%
3	% of health facilities that have met community in the last 6 months	Registros	Anual	Meta	20%			10%	10%
				Actual	7%			3%	4%
4	# of people trained (disaggregated by sex, age and subject)	Registros	Trimestral	Meta F	1,896		632	632	632
				Meta M	2,844		948	948	948
				Actual F	1,491		339	759	393
				Actual M	2,105		443	1076	586
5	# of best practices implemented	Registros	Anual	Meta	1			0	1
				Actual	1			0	1
6	# of studies carried out to inform policy and/or implementation	Registros	Anual	Meta	N/A				
				Actual					
7	# of mobile clinics/ mobile brigades/ mobile tents	Registros	Anual	Meta	57			28	29
				Actual	54			25	29
8	# of people seen at these mobile facilities	Registros	Anual	Meta	9,516	2,379	2,379	2,379	2,379
				Actual	2,438			1,876	562
9	# of youth-based activities initiated	Registros	Anual	Meta	6			3	3
				Actual	4			2	2
10	# of communication strategies initiated	Registros	Anual	Meta	N/A				
				Actual					
11	Data quality assurance of > 95%	Registros	Anual	Meta	N/A				
				Actual					

Results Q1.- UNICEF principal counterparts are decentralized instance of Ministry of Health and Sport (National, Departmental y Municipal), which dedicated implementation activities of October, November and December 2011 to the AWP and VIFPE fund inscription 2011. As a matter of fact, lack of Plan of Action 2011 agreed on between UNICEF and MSD, SEDES, Health Network and Municipalities, didn't allowed execution of activity during this period.

Results Q2.- Months of January, February, and March 2012 correspond to FORTALESSA UNICEF Project launching phase. As reported in Section III, UNICEF dedicated work on development plan of action and coordination of counterparts and partner of FORTALESSA program. To develop the project's activities, UNICEF, in collaboration with its counterparts, must respect the Annual Work Plan and the Registration of Funds in SIGMA.

Results Q4.- As mentioned in section III, UNICEF is responsible for reporting OP and PMP FORTALESSA indicators, reflecting its activities through the National Health Information System (SNIS). SNIS imposed latency period of 1 month to get access to consolidate data. That's why UNICEF Q4 results reflect only month of July and August 2012, consolidated data available at reporting dead line. This result has to be interpreted as 60% of quarterly final report.

3. SUCCESS STORIES

FORTALESSA

This is the program that can help, with results, to demonstrate the viability of our health care policy – SAFCI”

"We know it works because we have seen it in particular experiences in certain communities and municipalities, so we infer it's worth, but with FORTALESSA we could really demonstrate the validity of the model, for this we require to develop a comprehensive operational view of the policy and generate political and practical tools in all SAFCI guidelines"

Juan Carlos Delgadillo

Community Health and Social Mobilization Chief

In this interview we would appreciate the perceptions of two key officials of the Health Ministry, Mr. Juan Carlos Delgadillo, Community Health and Social Mobilization Chief and Carla Parada, Networks and Health Services Unit Chief. Their valuable feedback can greatly increase the worth of the program and provide precious elements to the monitoring process. Expressed here we find their current impressions, expectations and remarks that could improve the program, reveals about the significance and contribution of FORTALESSA and some lessons learned along the way.

At the beginning there was a combination of fear and hope, because for once we were provided with abundant economic resources explicitly for the SAFCI policy - says Lic. Delgadillo – handling money is always huge responsibility, especially when it is a significant amount, inexistent until then, to actually implement the national health policy, developing operational tools to achieve the progress we hope in all the policy's components.



Lic. Juan Carlos Delgadillo

Once we started implementing FORTALESSA we realize the complexity involved, says Lic. Delgadillo, looking back you can always find things that could have been better, for example start strengthening the Ministry to unify criteria and develop some implementation tools before

going down to departmental and municipal levels. Especially in *Health Promotion*, because we have meet the management challenges, but not yet the implementation ones in this area. Evidently this is also a self-criticism: the Ministry has not integrate an operational view of the SAFCI policy, we still work in isolation in many subdivisions. Moreover administrative tasks always eat up valuable time. I wish we had a team specifically to ease the administrative tasks.

Probably the greater program contributions are the high level human resources FORTALESSA allows to hire; they are helping the Ministry land management concepts into operational instruments. This is an added value. The challenge will be matching these instruments with those

arising from *Network* (subdivision) and *Traditional Medicine* – concludes Lic. Delgadillo.

Meanwhile Dr. Carla Parada, Health Services and Networks Unit Chief, states how remarkable is that the Ministry has just set reduction of maternal mortality as high priority, in observance of the deadline for the MDGs and the promptly arrival of 2015. For this urgent need, the Ministry has developed clear lines of strategic action FORTALESSA shall support: this basically involve strengthening departmental and municipal levels, with authority and resources.

Thus FORTALESSA supports the national health policy in a physical, financial and technical manner, as well as providing prized human resources who help us down to different levels, filling important gaps that the Ministry itself cannot fulfill. These additional workforces help us capturing vital information useful to build indicators and standards.

We hope this will enable us to achieve strategic goals and improve significant indicators, which are priority for the Ministry and the country, so thereafter we will be able to answer efficiently to the MDGs challenge. What I would recommend is to extend the program to all country regions, since the requirements are coming to us from all of Bolivia's corners, and all departments are equally important for us - concludes Dr. Parada.



Dra. Carla Parada

FORTALESSA

Translating policy into action



Don Basilio, one of many grandparents in Presto - Chuquisaca, lives alone with his wife, who is blind, in Tomoroco community. The living children they have, migrated to different parts of the country in search of better opportunities and keep minimal communication because of the distances and economic hardship. The loyalty and love of this marriage is visible, they both take care and accompany each other.

He gets up early every morning to work in his small farm, planting vegetables and raising a dozen goats, which are all their property, along with their modest adobe¹

house. Then they prepare the food for the day, which usually consists in corn some vegetables and occasionally lamb. The burden of housework falls harder on him because of Doña Juanita's visual impairment. A few months ago Don Basilio was diagnosed with tuberculosis additionally a severe malnutrition was afflicting the couple.

Presto is one of the municipalities supported by FORTALESSA program, this support means more and better possibilities of rapprochement between the health service and the community. Because, while Bolivian health policy prioritizes outreach actions to family and community, local budgets do not necessarily offer this possibilities, causing decrease in monitoring and home visits, also lacks the health providers ability to reach the most vulnerable people in their distant communities, because all outreach actions are expensive and include items not always allowed by municipal governments.

In situations such as Don Basilio's case, where the absence of close relatives raises vulnerability, require frequent monitoring, trust and close care. This makes the presence of health personnel even more necessary and valuable. "... *Today we get milk?*" Is the standard greeting of Don Basilio smiling when he sees the ambulance arrive at his smallholding along with Dr. Sandra Gutierrez carrying the *complementary nutrition* boxes destined for cases like this, in which recovering the nutritional health is crucial for recovering from illness itself.

¹ Adobe is a local kind of brick made out of mud and chaff.



With patience and close visits the health service has managed to overcome Don Basilio's disease, and improved nutritional status, as well as his wife, who also gets permanent attention and care. This year it's the fifth case of BK positive in this community, diagnosed and recovered; this includes younglings and women in fertile age. The low population density in certain areas of the country makes the tasks of detection and coverage harder; this is only achieved by truly approaching to the community and their families. FORTALESSA complements local budgets for mobilization of the health team to practice a genuine and Intercultural Family and Community Health.

FORTALESSA

Quality improvement in maternal and child care

Lifesaving skills



**Vanessa and her newborn baby
Coroico Hospital.**

Vanessa is a new mom; her baby has just born in the Yungas General Hospital in Coroico, the baby is now resting in her arms. Vanessa tells us how childbirth process and health care was provided by the hospital: "the delivery took a while, as soon as the baby came out they put him naked on my chest to start breastfeeding, that was very nice ... he was hungry," she says with a smile.

What Vanessa just experienced is a new health care model based on evidence that is being implemented the Coroico Hospital, this includes many quality improvements. FORTALESSA allows human resources to participate in extensive learning and capacity-building sessions, so they can apply and practice techniques for newborn resuscitation, early skin to skin contact, tardy cord clamping and exclusive breastfeeding, among others.

FORTALESSA has helped the hospital to increase its reception with Coroico inhabitants. "The training the program offers us helps us provide better care to our patients, to make them feel better." Says Dr. Alvaro Cabezas, Hospital Director. We are confident that these actions will reduce women and children morbidity and mortality. Among the most notable changes in our service is *"being able to see what the early contact and breastfeeding means to mothers and their babies. The fact that the mother can receive in her arms the newborn, makes her feel confident and secure and builds a vital connection between them"*, Concludes Dr. Cabezas.



These skills transmitted in FORTALESSA trainings, are being carried out in health services of the municipalities involved in the program. They are helping the human resources to feel self-secure in their capacities and daily actions, providing confidence to the team with opportunity to exercise mutual collaboration. Furthermore this new acquired skills have a lasting impact on the lives of mother and babies.

Perhaps one of the major advantages offered by the program is this training reaching not only physicians, but also nurses and auxiliary health care providers, so that everyone knows the protocols and share quality standards to apply it every patient. This creates a team spirit and technical knowledge of evidence-based standards.